

CLASSIFY AS APPROPRIATE

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH [REDACTED] PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL [REDACTED] FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle)

1. MARITAL STATUS (Check one)

SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	ANNULLED
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IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO.	
NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.	
NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)	ADDRESS	TELEPHONE NO.	

WHAT MEMBER(S) OF YOUR FAMILY, IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS ([REDACTED]). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP
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4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	HOME TELEPHONE NUMBER
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION
IS THE INDIVIDUAL NAMED ABOVE WITNESS OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you worked for.)	YES NO
IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)	YES NO
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)	YES NO

The persons name in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

FORM 61 USE PREVIOUS EDITIONS
5-79NSA - FrameMaker
November 1998

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APPROVED FOR RELEASE
DATE: MAY 2007

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5.

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstance warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNT ARE CARRIED.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? YES NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? YES NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO *(If "Yes" where is document located?)*

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

YES NO *(If "Yes" give name(s) and address)*

HAVE YOU EXECUTED A POWER OF ATTORNEY? YES NO *(If "Yes", who possess the power of attorney?)*

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS**7. RESIDENCE DATE - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY**
(No Approval Required)

RESIDENCE WHEN EMPLOYED (Full Address)

PERMANENT PLACE OF RESIDENCE AS DEFINED IN (Full Address)

8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)

FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE	DATE
	DIRECTOR OF PERSONNEL (when applicable) per <input type="checkbox"/>	DATE
SIGNED	DATE	SIGNATURE